Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF WISCONSIN	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Part 1: Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Jorge First name  H Middle name  Torres Last name and Suffix (Sr., Jr., II, III)		Cynthia First name  G Middle name  Torres Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years Include your married or maiden names.			Cynthia G Cervantes		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3198		xxx-xx-9336		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	1331 N. 24th Pl	If Debtor 2 lives at a different address:			
		Milwaukee, WI 53205  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Milwaukee				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Jorge H Torres Cynthia G Torres	Case number (if known)	

	124 Tell the Court About		in aptoy of					
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to the under	■ Cha	pter 7					
		☐ Cha	pter 11					
		☐ Cha	pter 12					
		☐ Cha	pter 13					
8.	How you will pay the fee	a o	bout how yo	ou may pay. Typica attorney is submit	ally, if you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
			need to pa	y the fee in instal		on, sign and attach the Application for Individuals to Pay		
			ū	,	Official Form 103A).	a only if you are filing for Chapter 7. By low a judge may		
		b a	ut is not req pplies to yo	uired to, waive you ur family size and	ur fee, and may do so only if yo you are unable to pay the fee ir	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
9. Have you filed for bankruptcy within the last 8 years?								
		00.	District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	ine 12.				
		☐ Yes.	Has yo	our landlord obtain	ed an eviction judgment agains	t you?		
				No. Go to line 12				
				Yes. Fill out <i>Initia</i> this bankruptcy p		Judgment Against You (Form 101A) and file it as part of		

	tor 1 Jorge H Torres tor 2 Cynthia G Torres				Case number (if known)		
Par	t 3: Report About Any Bu	ısinesses	You Owr	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of bus	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code				
	it to this petition.		_		ox to describe your business:		
					ness (as defined in 11 U.S.C. § 101(27A))		
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))		
				•	efined in 11 U.S.C. § 101(53A))		
				None of the above	er (as defined in 11 U.S.C. § 101(6))		
			Ц	None of the above	<del>=</del> 		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	■ No.	I am r	ot filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs			liate attention is why is it needed?			
	immediate attention?		needed,	wily is it fleeded?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
					Number, Street, City, State & Zip Code		

Debtor 1 Jorge H Torres Debtor 2 **Cynthia G Torres** 

Case number (if known)

### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

☐ I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

page 5

Debtor 1 Jorge H Torres Cynthia G Torr				Case numbe	er (if known)
Part 6: Answer These Qu	estions for F	Reporting Purposes			
16. What kind of debts do you have?	16a.	Are your debts primarily individual primarily for a per			ned in 11 U.S.C. § 101(8) as "incurred by an
		☐ No. Go to line 16b.			
		Yes. Go to line 17.			
	16b.	Are your debts primarily money for a business or ir			that you incurred to obtain iness or investment.
		☐ No. Go to line 16c.			
		☐ Yes. Go to line 17.			
	16c.	State the type of debts you	u owe that are not consur	mer debts or busines	es debts
17. Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded a administrative expense are paid that funds will be available for distribution to unsecur creditors?	es	I am filing under Chapter are paid that funds will be  No Yes			erty is excluded and administrative expenses?
	_				
18. How many Creditors d you estimate that you owe?	□ 1-49 □ 50-99 □ 100-9 □ 200-9	199	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,0	)	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19. How much do you estimate your assets to be worth?	■ \$100	\$50,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	□ \$1,000,001 □ \$10,000,001 □ \$50,000,001 □ \$100,000,00	I - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20. How much do you estimate your liabilities to be?	■ \$50, □ \$100	\$50,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	□ \$1,000,001 □ \$10,000,001 □ \$50,000,001 □ \$100,000,00	l - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Part 7: Sign Below					
For you	I have e	xamined this petition, and I o	declare under penalty of p	perjury that the inforn	mation provided is true and correct.
					under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.
		orney represents me and I di nt, I have obtained and read			at an attorney to help me fill out this
	I reques	t relief in accordance with th	e chapter of title 11, Unite	ed States Code, spe	cified in this petition.
	bankrup and 357	tcy case can result in fines ι 1.		onment for up to 20 y	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519
	Jorge	ge H Torres H Torres re of Debtor 1		/s/ Cynthia G Torre Cynthia G Torre Signature of Debto	<u> </u>

Executed on **April 11, 2019** MM / DD / YYYY

Executed on **April 11, 2019** MM / DD / YYYY

Debtor 1	Jorge H Torres
Debtor 2	Cynthia G Torres

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ M. Yanira González Fernandini	Date	April 11, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
M. Yanira González Fernandini 1037933		
Printed name		
Gonzalez Fernandini Law Office, LLC		
Firm name		
229 East Wisconsin Avenue		
Suite 1100		
Milwaukee, WI 53202		
Number, Street, City, State & ZIP Code		
Contact phone <b>414-277-5050</b>	Email address	yg@gonzalezfernandinilaw.com
1037933 WI		
Bar number & State		

Fill	n this information to identify your case	<b>-</b>			
	tor 1 Jorge H Torres	•			
Der	First Name	Middle Name	Last Name		
1	tor 2 Cynthia G Torres  se if, filing) First Name	Middle Nome	Last Name		
``	, <b>3</b> ,	Middle Name			
Unit	ed States Bankruptcy Court for the: EA	ASTERN DISTRICT C	PF WISCONSIN		
	e number				
(if kn	wn)				ck if this is an ended filing
				and	indea ming
<b>~</b> (	::-!-I.F 4000				
	icial Form 106Sum				
			nd Certain Statistical Information		12/15
infoi your	mation. Fill out all of your schedules fir original forms, you must fill out a new	rst; then complete th	are filing together, both are equally responsible for information on this form. If you are filing amence the box at the top of this page.		
Par	1: Summarize Your Assets				
					assets e of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 1 1a. Copy line 55, Total real estate, from 5	106A/B) Schedule A/B		\$_	100,000.00
	1b. Copy line 62, Total personal property	, from Schedule A/B		\$_	37,839.01
	1c. Copy line 63, Total of all property on	Schedule A/B		\$	137,839.01
Par	2: Summarize Your Liabilities				
					liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims	Secured by Property	(Official Form 106D)		, , , , , , , , , , , , , , , , , , , ,
۷.			the bottom of the last page of Part 1 of Schedule D	\$_	15,285.00
3.	Schedule E/F: Creditors Who Have Unsellar. Copy the total claims from Part 1 (pri	ecured Claims (Officia iority unsecured claim	I Form 106E/F) as) from line 6e of <i>Schedule E/F</i>	\$	0.00
			laims) from line 6j of Schedule E/F	\$	35,822.93
	ob. Copy the total dame from Fart 2 (no	inpriority unoccured o	idino, non interpretation		00,022.00
			Your total liabilities	\$	51,107.93
Par	3: Summarize Your Income and Exp	enses			
4.	Schedule I: Your Income (Official Form 1 Copy your combined monthly income from	,	· I	\$	2,629.48
5.	Schedule J: Your Expenses (Official Forr Copy your monthly expenses from line 22	,		\$	2,590.00
Par	4: Answer These Questions for Adm	ninistrative and Stati	istical Records		
6.	Are you filing for bankruptcy under Ch  No. You have nothing to report on the	• • •	heck this box and submit this form to the court with yo	our other s	chedules.
	Yes				
7.	What kind of debt do you have?				
			debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a person	al, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,223.63

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	9,015.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	9,015.00

Debtor 2   Seguent Hilling   S		this information	on to identify you	r case and th	is filin	g:				
Debtor 2	Debto	_		Middlo	Namo		Last Namo			
United States Bankruptcy Court for the:EASTERN DISTRICT OF WISCONSIN	Debto				IName		Last Name			
Case number    Check if this is ar amended filing	(Spous	_			Name		Last Name			
Official Form 106A/B Schedule A/B: Property  neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question.  Port 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  Do you own or have any legal or equitable Interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home Duplex or multi-ubilding Condominium or cooperative  Milwaukee  Wi 53205-0000  City State ZIP Code  Milwaukee  Wi 53205-0000  City State ZIP Code  Milwaukee  County  Milwaukee  Milwaukee  County  Milwaukee	Unite	d States Bankru	ptcy Court for the:	EASTERN	DISTR	ICT OF WISCO	NSIN			
Schedule A/B: Property  neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink if fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  **No. Go to Part 2.**    No. Go to Part 2.**   Yes. Where is the property?    1.1   1331 N. 24th Place   Single-family home   Duplex or multi-unit building   Condominium or cooperative   Current value of the entire property   Siton, One   Current value of the entire p	Case	number								
hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.				oerty						12/15
Single-family home   Duplex or multi-unit building   Condominium or cooperative   Manufactured or mobile home   Land   Divergence   Divergence   Street address, if available, or other description   Duplex or multi-unit building   Condominium or cooperative   Manufactured or mobile home   Land   Current value of the entire property?   Portion you own?	. Do :	you own or have	any legal or equitab	<u>-</u>						
Milwaukee  WI 53205-0000  City State ZIP Code  Manufactured or mobile home Land  Investment property  Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only  At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value considering similar homes in the neighborhood  Current value of the entire property? \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00  Current value of the entire property? \$100,000.00 \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?  \$100,000.00  Current value of the entire property?	_				_					
Milwaukee  WI 53205-0000  City  State  ZIP Code  Investment property Timeshare Other Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value of the entire property? Current value of the entire property?  \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00 \$100,000.00	•	Street address, ii ava	treet address, if available, or other description				· ·			
Milwaukee    Timeshare	_					Land		entire prop	erty?	portion you own?
Milwaukee  County  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value considering similar homes in the neighborhood	·	Sity	State	Zii Gode		Timeshare	Delty	Describe t	he nature of y	our ownership interest
Debtor 1 and Debtor 2 only  At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value considering similar homes in the neighborhood	ı	Milwaukee				Debtor 1 only	in the property? Check one	a life estat	e), if known.	
property identification number:  FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value considering similar homes in the neighborhood	_				_	Debtor 1 and De	•			munity property
updates. Debtors estimate the fair market value considering similar homes in the neighborhood					prop	erty identification	n number:			has wellens
					upd	lates. Debtor	s estimate the fair ma			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto Debto		orge H Torres ynthia G Torres		Case number (if known)		
. Ca	rs, vans,	trucks, tractors, sport utility ve	ehicles, motorcycles			
		-				
_ `						
•	⁄es					
3.1	Make:	Nissan	Who has an interest in the property? Check one			s or exemptions. Put
	Model:	Altima	☐ Debtor 1 only	the amount of any Creditors Who Hav	secured ci ve Claims (	aims on Schedule D: Secured by Property.
	Year:	2011	Debtor 2 only			
	Approxin	nate mileage: 83489	■ Debtor 1 and Debtor 2 only	Current value of t entire property?		Current value of the ortion you own?
	Other inf	ormation:	☐ At least one of the debtors and another			-
		er KBB is 7,255; however				
		needs substantial	■ Check if this is community property	\$1,755	.00	\$1,755.00
		s. Needs new hission (2,500) and has	(see instructions)			
		intial paint and body work				
	(3,000)					
				D de diverties a	l lain	i - Dut
3.2	Make:	Chrysler	Who has an interest in the property? Check one			s or exemptions. Put laims on <i>Schedule D:</i>
	Model:	Aspen	Debtor 1 only			Secured by Property.
	Year:	2007	Debtor 2 only	Current value of t	he C	current value of the
	Approxin	nate mileage: 173952	■ Debtor 1 and Debtor 2 only	entire property?		ortion you own?
		ormation:	$\square$ At least one of the debtors and another			
		er KBB is 6,334; however		40.004	= =	4
		e has body damage (700)	■ Check if this is community property	\$3,634	.00	\$3,634.00
		echanial/motor work	(see instructions)			
	(2,000)					
3.3	Make:	Nissan	Who has an interest in the property? Check one			s or exemptions. Put
3.5	Model:	Titan	Debtor 1 only			aims on Schedule D: Secured by Property.
	Year:	2005	Debtor 1 only	CIGUILOIS VVIIO I IA	/e Ciairio C	Secured by Froperty.
		4.40000	☐ Debtor 2 only  Debtor 1 and Debtor 2 only	Current value of t		current value of the
		nate mileage: 146000 ormation:	· · · · · · · · · · · · · · · · · · ·	entire property?	þ	ortion you own?
		er KBB 6,683. This	☐ At least one of the debtors and another			
		e needs around 1,000 in	■ Check if this is community property	\$5,683	-00	\$5,683.00
		and body work	(see instructions)	<del>+-1</del>		***************************************
	<u> </u>		·			
3.4	Make:	Mitsubishi	Who has an interest in the property? Check one			s or exemptions. Put
	Model:	Eclipse	☐ Debtor 1 only			aims on Schedule D: Secured by Property.
	Year:	2000	Debtor 2 only			
	Approxin	nate mileage: 135000	Debtor 1 and Debtor 2 only	Current value of t entire property?		Current value of the ortion you own?
	• • •	ormation:	At least one of the debtors and another	Annua brakar A	•	oruc , c
		ehicle needs to be	Actions of the desicional and anomal			
		ed/junked. Junk value	■ Check if this is community property	\$200	.00	\$200.00
			(see instructions)			
	<i>mples:</i> B No		nd other recreational vehicles, other vehicles, attercraft, fishing vessels, snowmobiles, motorcycle			
			wn for all of your entries from Part 2, including that number here			\$11,272.00

Debtor 1 Debtor 2	Jorge H Tor Cynthia G T		(if known)
Part 3: D	escribe Your Perso	onal and Household Items	
		egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Examµ □ No	hold goods and toles: Major appliares.  Describe	urnishings nces, furniture, linens, china, kitchenware	
		Stove (100), Miicrowave (50), Refrigerator (100), Kitchen utensils and small appliances (100)Sofa (1,000), Recliner (350), Coffee table and side tables (250), Beds(250), Toys, (300), Misc. household goods (200)	\$2,700.00
□ No	oles: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanner phones, cameras, media players, games	s; music collections; electronic devices
		TV (250), Gaming and games (250), speakers (150),	\$650.00
Examp  No Yes  Requipm Examp  No Yes  10. Fireal Exan No Yes  11. Cloth Exan No	other collecti  Describe  nent for sports a  bles: Sports, photo musical instr  Describe  rms  nples: Pistols, rifle  Describe  es	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis	
		Clothing for family	\$600.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watche	s, gems, gold, silver
		Wedding bands and other costume jewelry	\$400.00
<i>Exan</i> □ No	farm animals nples: Dogs, cats,	birds, horses	

Debtor 1 Debtor 2	•			Case number (if known)	
		Dog. Sentimental	value only.		\$5.00
■ No		-	u did not already list, including ar	ny health aids you did not list	
			om Part 3, including any entries t		\$4,355.00
Part 4:	Describe Your Finar	ncial Assets			
Do you	own or have any	legal or equitable intere	est in any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
□ No	mples: Money you	have in your wallet, in yo	our home, in a safe deposit box, and	d on hand when you file your petit	ion
				Cash	\$1.00
□ No	institutions		I accounts; certificates of deposit; sounts with the same institution, list  Institution name:	each.	
		17.1.	US Bank checking	account	\$8,008.53
Exa. ■ No	mples: Bond funds	or publicly traded stoc , investment accounts wi Institution or is	ith brokerage firms, money market a	accounts	
19. <b>Non-</b> join	publicly traded s t venture	tock and interests in in	corporated and unincorporated b	ousinesses, including an intere	st in an LLC, partnership, and
■ No		formation about them Name of entity:		% of ownership:	
Neg Non ■ No	otiable instrument -negotiable instrur	s include personal checks	negotiable and non-negotiable in s, cashiers' checks, promissory not not transfer to someone by signing o	es, and money orders.	
<b>–</b> 16	o. Olve specific IIII	Issuer name:			
Exa.		IRA, ERISA, Keogh, 401	(k), 403(b), thrift savings accounts,	or other pension or profit-sharing	plans
■ Ye	s. List each accou	nt separately.  Type of account:	Institution name:		
			401(k) through em	ployer	\$14,202.48

	ebtor 1 ebtor 2	Jorge H Torres Cynthia G Torres		Cas	e number (if known)	
22	Your sl		s ou have made so that you may con ds, prepaid rent, public utilities (ele			r others
	■ No □ Yes.		Institution r	name or individual:		
23	. Annuiti	ies (A contract for a periodic p	payment of money to you, either fo	r life or for a number of yea	ars)	
	■ No □ Yes	lssuer name ar	nd description.			
24	26 U.S.0	s in an education IRA, in an C. §§ 530(b)(1), 529A(b), and	account in a qualified ABLE pro 529(b)(1).	ogram, or under a qualifi	ed state tuition program	
	■ No □ Yes	Institution name	e and description. Separately file the	he records of any interests	s.11 U.S.C. § 521(c):	
25	Trusts,	equitable or future interests	s in property (other than anythir	ng listed in line 1), and riç	ghts or powers exercisal	ble for your benefit
	■ No □ Yes.	Give specific information abo	ut them			
26	Examp  ■ No	oles: Internet domain names, v	rade secrets, and other intellectivesites, proceeds from royalties a			
		Give specific information abo				
27	Examp  ■ No	es, franchises, and other ge ples: Building permits, exclusiv Give specific information abo	re licenses, cooperative associatio	n holdings, liquor licenses,	, professional licenses	
М		property owed to you?				Current value of the
	,,	, , , , , , , , , , , , , , , , , , , ,			1	portion you own? Do not deduct secured claims or exemptions.
28	□ No	unds owed to you  Give specific information abou	ut them, including whether you alre	eady filed the returns and th	he tax years	
			2018 state and federal re and deposited in US			\$0.00
29	■ No	• •	mony, spousal support, child supp	ort, maintenance, divorce s	settlement, property settle	ment
30	Examp  ■ No	amounts someone owes you oles: Unpaid wages, disability in benefits; unpaid loans you Give specific information	insurance payments, disability ben	nefits, sick pay, vacation pa	ay, workers' compensatio	n, Social Security
31	Examp	ts in insurance policies bles: Health, disability, or life ir	nsurance; health savings account (	(HSA); credit, homeowner's	s, or renter's insurance	
	□ No ■ Yes. I		or of each policy and list its value.  ny name:	Beneficiary:		Surrender or refund value:
		Term I	ife insurance. No cash value	<u> </u>		\$0.00

Debtor 1 Debtor 2	Jorge H Torres Cynthia G Torres	Case number (if known)	
If you a	erest in property that is due you from someone who are the beneficiary of a living trust, expect proceeds from ne has died.		eive property because
☐ Yes.	Give specific information		
	against third parties, whether or not you have filed ples: Accidents, employment disputes, insurance claims		
☐ Yes.	Describe each claim		
34. <b>Other o</b> ■ No	contingent and unliquidated claims of every nature,	including counterclaims of the debtor and rights to	set off claims
☐ Yes.	Describe each claim		
35. Any fin	ancial assets you did not already list		
■ No	Observation of the test and the		
⊔ Yes.	Give specific information		
	he dollar value of all of your entries from Part 4, inc art 4. Write that number here		\$22,212.01
Part 5: Des	scribe Any Business-Related Property You Own or Have an	Interest In. List any real estate in Part 1.	
37. <b>Do you o</b>	own or have any legal or equitable interest in any business	related property?	
No. Go			
☐ Yes. G	so to line 38.		
	scribe Any Farm- and Commercial Fishing-Related Property ou own or have an interest in farmland, list it in Part 1.	y You Own or Have an Interest In.	
46 <b>Do you</b>	own or have any legal or equitable interest in any f	arm- or commercial fishing-related property?	
	Go to Part 7.	ann er commercial norming rounce property.	
☐ Yes.	Go to line 47.		
	_		
Part 7:	Describe All Property You Own or Have an Interest in Tha	at You Did Not List Above	
	have other property of any kind you did not already oles: Season tickets, country club membership	list?	
■ No			
⊔ Yes.	Give specific information		
54. Add t	he dollar value of all of your entries from Part 7. Wri	te that number here	\$0.00

Debtor 1 Jorge H Torres
Cynthia G Torres

Case number (if known)

55.	Part 1: Total real estate, line 2				\$100,000.00
56.	Part 2: Total vehicles, line 5		\$11,272.00		
57.	Part 3: Total personal and household items, line 15		\$4,355.00		
58.	Part 4: Total financial assets, line 36		\$22,212.01		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61		\$37,839.01	Copy personal property total	\$37,839.0
53.	Total of all property on Schedule A/B. Add line 55 + line 62				\$137,839.01

Debtor 1	Jorge H Torres			
	First Name	Middle Name	Last Name	
Debtor 2	Cynthia G Torres	<b>;</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B Case number	ankruptcy Court for the:	EASTERN DISTRICT C	DF WISCONSIN	
(if known)				☐ Check if this is an amended filing
Official Fo	orm 106C			
Schedu	le C: The Pr	operty You (	Claim as Exempt	4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

exe	emption to a particular dollar amount and the the applicable statutory amount.								
Pa	Itt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	1331 N. 24th Place Milwaukee, WI	\$100,000.00		\$100,000.00	Wis. Stat. § 815.20				
	53205 Milwaukee County FMV per tax assessment is 49,000, however the real estate has various updates. Debtors estimate the fair market value considering similar homes in the neighborhood Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2005 Nissan Titan 146000 miles FMV per KBB 6,683. This vehicle	\$5,683.00		\$5,683.00	Wis. Stat. § 815.18(3)(g)				
	needs around 1,000 in repairs and body work Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit					
	2000 Mitsubishi Eclipse 135000 miles This vehicle needs to be	\$200.00		\$200.00	) Wis. Stat. § 815.18(3)(g)				
	scrapped/junked. Junk value Line from Schedule A/B: 3.4			100% of fair market value, up to any applicable statutory limit					

Jorge H Torres Debtor 1 Cynthia G Torres Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Stove (100), Milcrowave (50), Wis. Stat. § 815.18(3)(d) \$2,700.00 \$2,700.00 Refrigerator (100), Kitchen utensils and small appliances (100)Sofa 100% of fair market value, up to (1,000), Recliner (350), Coffee table any applicable statutory limit and side tables (250), Beds(250), Toys, (300), Misc. household goods (200)Line from Schedule A/B: 6.1 TV (250), Gaming and games (250), Wis. Stat. § 815.18(3)(d) \$650.00 \$650.00 speakers (150), Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Clothing for family Wis. Stat. § 815.18(3)(d) \$600.00 \$600.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding bands and other costume Wis. Stat. § 815.18(3)(d) \$400.00 \$400.00 jewelry Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Dog. Sentimental value only. Wis. Stat. § 815.18(3)(d) \$5.00 \$5.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit **US Bank checking account** Wis. Stat. § 815.18(3)(k) \$8,008.53 \$8,008.53 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 401(k) through employer Wis. Stat. § 815.18(3)(j) \$14,202.48 \$14,202.48 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Term life insurance. No cash value. Wis. Stat. § 815.18(3)(f)(2) \$0.00 \$0.00 Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Page 18 of 58

Fill in this informa	tion to identify your	case:			
Debtor 1	Jorge H Torres	Middle Name Last Name			
Debtor 2	Cynthia G Torres				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bank	ruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN			
Case number					if this is an ded filing
Official Form Schedule D		Who Have Claims Secure	d by Propert	y	12/15
is needed, copy the A number (if known).	dditional Page, fill it o	two married people are filing together, both are eut, number the entries, and attach it to this form. C			
_	ive claims secured by				
☐ No. Check the	nis box and submit th	is form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in a	I of the information b	elow.			
Part 1: List All S	Secured Claims				
2. List all secured cla	ims. If a creditor has m	ore than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more	e than one creditor has	a particular claim, list the other creditors in Part 2. As al order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Heritage C l	J	Describe the property that secures the claim:	\$12,785.00	\$3,634.00	\$9,151.00
Creditor's Name  1212 Huxley  Madison, W		2007 Chrysler Aspen 173952 miles FMV per KBB is 6,334; however vehicle has body damage (700) and mechanial/motor work (2,000)  As of the date you file, the claim is: Check all that apply.  Contingent			
Number, Street, Ci	ty, State & Zip Code	☐ Unliquidated			
Who owes the debt	? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
$\hfill\square$ At least one of the	debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this clair community debt	n relates to a	Other (including a right to offset)			
	Opened 9/28/17				

Date debt was incurred 12/14/18

0001

Last 4 digits of account number

Debtor	1 Jorge H Tor	res			Case num	ber (if known)		
	First Name	Middle N	ame	Last Name		•		
Debtor	-,	orres						
	First Name	Middle N	ame	Last Name				
22 1	LS Financial So	olutions	B			52,500.00	\$1,755.00	\$745.00
	f WI			e property that secures the clai	m: •	,500.00 —	Ψ1,733.00	Ψ1 43.00
Cr	editor's Name		1	san Altima 83489 miles				
				KBB is 7,255; however				
				eeds substantial repairs				
			I	ew transmission (2,500) a				
				stantial paint and body w	ork			
			(3,000)	ate you file, the claim is: Check a	I that			
	904 S. 27th St		apply.	ato you mo, mo olami io. olieck al	rtiat			
M	ilwaukee, WI 5	3221	☐ Continge	ent				
Nu	imber, Street, City, State	e & Zip Code	☐ Unliquid	ated				
			☐ Disputed	i				
Who ov	ves the debt? Che	ck one.	Nature of I	ien. Check all that apply.				
☐ Debt	or 1 only		☐ An agree	ement you made (such as mortgag	je or secured			
☐ Debt	or 2 only		car loar	n)				
■ Debt	or 1 and Debtor 2 or	nly	☐ Statutor	/ lien (such as tax lien, mechanic's	lien)			
☐ At lea	ast one of the debtor	rs and another	☐ Judgme	nt lien from a lawsuit				
	ck if this claim relat nmunity debt	tes to a	Other (in	cluding a right to offset)				
Date del	bt was incurred		Last	4 digits of account number				
Add th	ne dollar value of yo	our entries in C	olumn A on t	his page. Write that number her	e:	\$15,285.0	0	
		your form, add	the dollar va	lue totals from all pages.		\$15,285.0	0	
Write	that number here:					Ψ.υ,200.0	<b>~</b>	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in t	this information	on to identify your c	ase:						
Debtor	1 ,	orge H Torres							
		irst Name	Middle Name		Last Name				
Debtor	•	ynthia G Torres							
(Spouse i	if, filing) F	irst Name	Middle Name		Last Name				
United	States Bankru	ptcy Court for the:	EASTERN DIS	TRICT OF WI	SCONSIN				
Case n	umher								
(if known)								П	Check if this is an
								_	amended filing
Sche Be as co any exec Schedule	omplete and acc cutory contracts e G: Executory	Creditors WI curate as possible. Use s or unexpired leases t Contracts and Unexpired	Part 1 for credite hat could result i ed Leases (Offic	ors with PRIOR n a claim. Also al Form 106G).	ITY claims and lolist executory of Do not include	contracts on s	Schedule A/B: P s with partially se	roperty (Off ecured clair	12/15 claims. List the other party to ficial Form 106A/B) and on ms that are listed in entries in the boxes on the
left. Atta		ation Page to this page							lditional pages, write your
Part 1:	List All of	Your PRIORITY Uns	ecured Claims						
1. Do	any creditors h	ave priority unsecured	claims against y	ou?					
	No. Go to Part 2								
	Yes.								
Part 2:	List All of	Your NONPRIORITY	Unsecured Cl	aims					
	•	ave nonpriority unsecu	-	•	h your other sch	edules.			
4. List	t all of your non ecured claim, lis n one creditor ho		for each claim. Fo	r each claim liste	ed, identify what t	type of claim it	is. Do not list cla	ims already	than one nonpriority included in Part 1. If more the Continuation Page of
									Total claim
4.1	Alliance Co	llection Agencies	La	st 4 digits of ac	count number	1882			\$532.00
	Nonpriority Cre								
	Po Box 126		W	nen was the del	bt incurred?	Opened	07/18		
	Marshfield, Number Street	City State Zip Code	As	of the date voi	u file, the claim	is: Check all th	hat apply		
		the debt? Check one.			- · · · · · · · · · · · · · · · · · · ·	i i i i i i i i i i i i i i i i i i i	nat apply		
	Debtor 1 on	ly		Contingent					
	■ Debtor 2 on			Unliquidated					
	Debtor 1 an	d Debtor 2 only		Disputed					
	☐ At least one	of the debtors and anot	<sub>her</sub> Ty	pe of NONPRIC	RITY unsecure	d claim:			
	☐ Check if th	is claim is for a comm	<sub>unity</sub> $\Box$	Student loans					
	debt			Obligations aris	sing out of a sepa	aration agreem	nent or divorce tha	at you did no	ot
	Is the claim su	bject to offset?	re	oort as priority cl	aims				
	No			Debts to pension	on or profit-sharin	ng plans, and o	other similar debts	3	
	☐ Yes			Other. Specify	Collection . Hospital I	Attorney V	Vest Allis Me	morial	

Debto	or 1 Jorge H Torres or 2 Cynthia G Torres		Case number (if known)				
4.2	Alliance Collection Agencies	Last 4 digits of account number	1881	\$173.00			
	Nonpriority Creditor's Name Po Box 1267 Marshfield, WI 54449	When was the debt incurred?	Opened 07/18				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	,					
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts				
	☐ Yes	Collection	Attorney Aurora Medical Group				
	<b>—</b> 163	Other. Specify Inc					
4.3	Alverno College	Last 4 digits of account number		\$2,160.00			
	Nonpriority Creditor's Name 3400 S. 43rd St	When was the debt incurred?					
	Milwaukee, WI 53234						
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims					
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
	Yes	■ Other. Specify Milwaukee 2018SC016	County Case Number				
4.4	Americollect	Last 4 digits of account number	9381	\$508.00			
	Nonpriority Creditor's Name	_		•			
	Po Box 1566	When was the debt incurred?	Opened 09/18				
	1851 South Alverno Road Manitowoc, WI 54221						
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a sen	aration agreement or divorce that you did not				
	Is the claim subject to offset?						

No

☐ Yes

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Aurora Health Care

Debt	or 1 Jorge H Torres or 2 Cynthia G Torres		Case number (if known)			
4.5	Amex/Bankruptcy	Last 4 digits of account number	4750	\$3,275.00		
	Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 03/16 Last Active 9/01/18			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.6	AmSher Collection Srv	Last 4 digits of account number	9575	\$637.00		
	Nonpriority Creditor's Name 4524 Southlake Parkway Ste 15 Hoover, AL 35244	When was the debt incurred?	Opened 04/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only □ Contingent					
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Collection	Attorney Dish Network			
4.7	Citibank North America Nonpriority Creditor's Name	Last 4 digits of account number	0335	\$2,662.00		
	Citibank Corp/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 05/16 Last Active 8/10/18			
	St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

Debtor Debtor	<ul><li>1 Jorge H Torres</li><li>2 Cynthia G Torres</li></ul>		Case number (if known)	
4.8	Convergent Outsourcing, Inc.	Last 4 digits of account number	7430	\$430.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9004	When was the debt incurred?	Opened 11/18	
	Renton, WA 98057  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	Other. Specify Collection	Attorney Sprint	
4.9	Credence	Last 4 digits of account number		\$3,029.64
	Nonpriority Creditor's Name 17000 Dallas Parkway Suite 204	When was the debt incurred?	2018	
	Dallas, TX 75248			
	Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify collections		
4.1	Dish Network	Last 4 digits of account number		\$500.00
0	Nonpriority Creditor's Name  Dept 0063	When was the debt incurred?		Ψοσοίσο
	Palatine, IL 60055  Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Check all that apply	
	Debtor 1 only			
	Debtor 2 only	Contingent		
	_	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:	
	Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify services

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Debte Debte	or 1 Jorge H Torres Or 2 Cynthia G Torres		Case number (if known)			
4.1	Great American Finance	Last 4 digits of account number	7664	\$1.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 20 N Wacker Dr. Suite 2275	When was the debt incurred?	Opened 12/14 Last Active 6/10/16			
	Chicago, IL 60606  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	aration agreement or divorce that you did not				
	■ No □ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes ☐ Other. Specify Household Goods					
4.1	Kohls/Capital One	Last 4 digits of account number	8865	\$443.00		
2	Nonpriority Creditor's Name			<b>VIII.0100</b>		
	Kohls Credit Po Box 3120	When was the debt incurred?	Opened 10/14 Last Active 7/20/18			
	Milwaukee, WI 53201  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other. Specify Charge Acc	count			
4.1	OneMain Financial	Last 4 digits of account number	7133	\$5,765.00		
	Nonpriority Creditor's Name Attn: Bankruptcy	_	Opened 05/18 Last Active			
	601 Nw 2nd Street Evansville, IN 47708	When was the debt incurred?	5/25/18			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Uneck all that apply			
	Debtor 1 only	Continuent				
		☐ Contingent				
	Debtor 2 only	☐ Unliquidated☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another  Type of NONPRIORITY unsecured claim:  Student loans					

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Personal loans

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

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☐ Check if this claim is for a community

Is the claim subject to offset?

Debto Debto	or 1 Jorge H Torres or 2 Cynthia G Torres		Case number (if known)			
4.1 4	OneMain Financial	Last 4 digits of account number	7133	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708	When was the debt incurred?	Opened 09/17 Last Active 4/02/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured  Student loans	d claim: ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	· ,			
	Yes	■ Other. Specify Unsecured				
4.1 5	Sixteenth Street Community Health Center Nonpriority Creditor's Name	Last 4 digits of account number	9821	\$590.89		
	1032 S. Cesar Chavez Drive Milwaukee, WI 53204	When was the debt incurred?	2018			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:			
	■ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify <b>medical bil</b>				
4.1	State Collection Service		5901	\$882.00		
6	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6250	Last 4 digits of account number  When was the debt incurred?	Opened 8/10/18	Ψ002.00		
	Madison, WI 53716  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?		a claim:			
	■ No	report as priority claims  Debts to pension or profit-sharin	• •			
	☐ Yes	Other. Specify Collection	Attorney Aurora Health Care			

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor Debtor	1 Jorge H Torres 2 Cynthia G Torres		Case number (if known)		
4.1 7	State Collection Service	Last 4 digits of account number	2497	\$251.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6250	When was the debt incurred?	Opened 9/06/18		
	Madison, WI 53716  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Collection	Attorney Aurora Health Care		
4.1	State Collection Service	Last 4 digits of account number	2302	\$231.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6250 Madison, WI 53716	When was the debt incurred?	Opened 9/06/18		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	■ Other. Specify Clinic Llc	Attorney Lakeshore Medical		
4.1 9	Sunrise Credit Services, Inc.	Last 4 digits of account number	9972	\$3,029.00	
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 01/19		
	260 Airport Plaza Farmingdale, NY 11735				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	_	☐ Debtor 1 and Debtor 2 only ☐ Disputed			
	At least one of the debtors and another  Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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■ Other. Specify Collection Attorney At T Mobility

Debto Debto	or 1 Jorge H Torres or 2 Cynthia G Torres		Case number (if known)		
4.2	U.S. Department of Education	Last 4 digits of account number	2889	\$3,767.00	
	Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408	When was the debt incurred?	Opened 10/13 Last Active 2/03/19		
	Saint Paul, MN 55116  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another	d claim:			
	_	■ Student loans			
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	Other. Specify			
	<b>—</b> 160	Educationa	<u> </u>		
4.2					
4.2 1	U.S. Department of Education  Nonpriority Creditor's Name	Last 4 digits of account number	2883	\$2,236.00	
	Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116	When was the debt incurred?	Opened 10/13 Last Active 2/03/19		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharin	g plans, and other similar debts		
	□Yes	☐ Other. Specify			
		Educationa	ı		
4.2	U.S. Department of Education	Last 4 digits of account number	2887	\$1,894.00	
	Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116	When was the debt incurred?	Opened 09/14 Last Active 2/03/19		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only				
		☐ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated			
	<u> </u>				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not		

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Educational

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☐ Other. Specify \_

Debte Debte	or 1 Jorge H Torres or 2 Cynthia G Torres		Case number (if known)		
4.2 3	U.S. Department of Education	Last 4 digits of account number	2895	\$1,118.00	
	Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116	When was the debt incurred?	Opened 09/14 Last Active 2/03/19		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	<ul><li>□ Debtor 1 only</li><li>■ Debtor 2 only</li><li>□ Debtor 1 and Debtor 2 only</li></ul>	☐ Contingent☐ Unliquidated☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
		■ No □ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify			
		Educationa	<u>II</u>		
4.2 4	US Bank/RMS CC	Last 4 digits of account number	1868	\$1,587.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201	When was the debt incurred?	Opened 07/14 Last Active 6/04/18		
	Number Street City State Zip Code As of the date you file, the clai		s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa			
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin			
		·			
	Yes	Other. Specify Credit Card			
4.2 5	Xperience Fitness	Last 4 digits of account number	9269	\$121.40	
	Nonpriority Creditor's Name PO Box 6800 Sherwood, AR 72124	When was the debt incurred?	2018		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	■ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	Other. Specify services			

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1	Jorge H Torres	
Debtor 2	Cynthia G Torres	

■ Part 2: Creditors with Nonpriority Unsecured Claims

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Dish Network 525 Dunnet Ct.

Line <u>4.10</u> of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims

Spartanburg, SC 29303

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 9,015.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 26,807.93
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 35,822.93

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Fill in this information to identify your case:							
Debtor 1	Jorge H Torres				ı		
	First Name	Middle Name	Last Name		1		
Debtor 2	Cynthia G Torres				ı		
(Spouse if, filing)	First Name	Middle Name	Last Name		ı		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	F WISCONSIN		İ		
Case number							
(if known)						heck if this is an	
					а	mended filing	

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

T-Mobile USA, Inc. Attn: Bankruptcy Department P.O. Box 53410 Bellevue, WA 98015 Mobile phone contract through 2020. Debtors intend to assume

Fill in this inf	ormation to identify your	case:			
		ouse.			
Debtor 1	Jorge H Torres First Name	Middle Name	Last Name		
Debtor 2	Cynthia G Torres				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF V	WISCONSIN		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official F	Form 106H				
Schedu	le H: Your Cod	ebtors			12/15
1. Do you No Yes 2. Within Arizona, (	the last 8 years, have you California, Idaho, Louisiana to line 3. id your spouse, former spor	Answer every question.  you are filing a joint case, do not be a lived in a community property Nevada, New Mexico, Puertouse, or legal equivalent live with	erty state or territor o Rico, Texas, Wash	<b>y?</b> (Community property s	states and territories include
	Yes.				
	In which community state	e or territory did you live?	-NONE-	. Fill in the name and	current address of that person.
	Name of your spouse, former sp				
in line 2 a Form 106 out Colui Colu	again as a codebtor only i 5D), Schedule E/F (Officia	ors. Do not include your sp f that person is a guarantor Form 106E/F), or Schedule	or cosigner. Make	sure you have listed the 16G). Use Schedule D, Sc Column 2: The credi Check all schedules	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill tor to whom you owe the debt that apply:
3.1 Nam	ne			Schedule D, line	
14011				☐ Schedule E/F, line ☐ Schedule G, line	· · · · · · · · · · · · · · · · · · ·
				— Scriedule G, line	
Num City	nber Street	State	ZIP Code		
3.2 Nam				_ ☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line☐	)
Num City		State	ZIP Code		

Schedule H: Your Codebtors

Page 32 of 58

E-111							I			
	in this information to ident									
Det	otor 1 Jorg	ge H Torr	es			_				
	otor 2 Cyn	thia G To	orres							
Uni	ted States Bankruptcy Co	ourt for the:	EASTERN DISTRICT	OF WISCONSIN						
(If kr	se number	21						d filing ent showing	g postpetition ch	ıapter
	fficial Form 106						MM / DD/ Y	YYY		
	chedule I: You as complete and accurat									12/15
spo atta	plying correct information use. If you are separated that is the separate sheet to the the describe to the separate sheet The separate sheet to the separate sheet to the separate sheet to the separate sheet she	d and you his form. (	r spouse is not filing wi	th you, do not includ onal pages, write yo	le infor	matio	on about your spo I case number (if I	ouse. If mo	ore space is ne Inswer every qu	eded,
	information.			Debtor 1					ling spouse	
	If you have more than o attach a separate page information about addition	with	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			□ Emplo ■ Not e	•		
	employers.		Occupation	assembly			stay at	home mo	om	
	Include part-time, seaso self-employed work.	onal, or	Employer's name	Ampco Pumps (	Compa	ny lı	10			
	Occupation may include or homemaker, if it appli		Employer's address	2045 W Mill Roa Milwaukee, WI 5						
			How long employed th	nere? <u>5 years</u>						_
Par	t 2: Give Details A	bout Mon	thly Income							
	mate monthly income as use unless you are separa		te you file this form. If y	ou have nothing to re	port for	any l	ine, write \$0 in the	space. Inc	clude your non-fi	ling
	u or your non-filing spous e space, attach a separate			mbine the information	for all	emplo	oyers for that perso	n on the li	nes below. If you	ı need
							For Debtor 1		btor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$	3,223.63	\$	0.00	
3.	Estimate and list mont	thly overti	me pay.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income Doc 1 Filed 04/11/19 page 1 Case 19-23217-kmp

Calculate gross Income. Add line 2 + line 3.

\$

0.00

3,223.63

Case number (if known)

Sa. Tax, Medicare, and Social Security deductions					For	Debtor 1		or Debtor		
5. List all payroll deductions:   5a. Tax, Medicare, and Social Security deductions   5a. Tax, Medicare, and Social Security deductions   5b. Mandatory contributions for retirement plans   5b. \$ 0.00 \$ 0.00     5b. Mandatory contributions for retirement plans   5b. \$ 0.00 \$ 0.00     5c. Voluntary contributions for retirement plans   5b. \$ 105.85 \$ 0.00     5c. Voluntary contributions for retirement plans   5b. \$ 105.85 \$ 0.00     5c. Voluntary contributions for retirement plans   5b. \$ 105.85 \$ 0.00     5c. No Domestic support obligations   5f. \$ 0.00 \$ 0.00     5c. No Domestic support obligations   5f. \$ 0.00 \$ 0.00     5c. No Domestic support obligations   5f. \$ 0.00 \$ 0.00     5c. No Domestic support obligations   5f. \$ 0.00 \$ 0.00     5c. No Cher deductions. Specify   5p. \$ 0.00 \$ 0.00     5c. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h,   6. \$ 645.15 \$ 0.00     6c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h,   6. \$ 645.15 \$ 0.00     7c. Calculate total monthly take-home pay. Subtract line 6 from line 4.   7c. \$ 2,578.48 \$ 0.00     7c. Calculate total monthly take-home pay. Subtract line 6 from line 4.   7c. \$ 2,578.48 \$ 0.00     8c. No Lincome from retail property and from operating a business, profession, or farm   Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly apurport payments that you, a non-filling spouse, or a dependent include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.   8a. \$ 0.00 \$ 0.00     8c. Family support payments that you, a non-fling spouse, or a dependent include cath assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   8c. \$ 0.00 \$ 0.00     8c. Social Security   8c. \$ 0.00 \$ 0.00     8c. Social Security   8c. \$ 0.00 \$ 0.00     9c. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   10.00 \$ 0.00     9c. Add the		Сору	y line 4 here	4.	\$	3,223,63			•	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for voluntary for the voluntary for for the voluntary for for the voluntary for for the vol					_					_
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. 108,85 \$ 0,000 5.9. Required repayments of retirement fund loans 5.9. Domestic support obligations 5.9. Domestic support obligations 5.9. Union dues 5.9. Union du	5.	List a	all payroll deductions:							
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. So   108,85   0.00 5.8. Required repayments of retirement fund loans 5.8.   108,85   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.9.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,95   0.00 5.   108,9		5a.	Tax, Medicare, and Social Security deductions	5a.	\$	322.36	\$		0.00	
5d. \$ \$7.55 \$ 0.00 5e. Insurance 5e. Insurance 5e. Since Sin		5b.	Mandatory contributions for retirement plans	5b.	\$		\$		0.00	_
5e. Insurance  5f. Domestic support obligations  5f. S 0.000 \$ 0.000  5g. Union dues  5g. S 0.000 \$ 0.000  6h. Other deductions. Specify:  5f. S 0.000 \$ 0.000  6h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. S 645.15 \$ 0.000  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,578.48 \$ 0.000  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm.  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Scola Security  8e. \$ 0.00 \$ 0.00  8. Scola Security  8e. \$ 0.00 \$ 0.00  8 Scola Security  8e. \$ 0.00 \$ 0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance Program) or housing subsidies.  8pecify: Food stamps  8g. Pension or retirement income  8g. \$ 0.00 \$ 0.00  9g. Add all other income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarrice partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.000		5c.	Voluntary contributions for retirement plans	5c.	\$_	108.85	\$			_
5. Domestic support obligations 5. Union dues 5. Union due ductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e+5d+5e		5d.	Required repayments of retirement fund loans	5d.	\$	87.55	\$		0.00	_
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$645.15 \$0.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,578.48 \$0.00  8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: Food stamps 8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$51.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$51.00 \$0.00  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$51.00 \$0.00  11. *\$45.2629.48 ** \$0.00 \$0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. *\$2,629.48 ** ** Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?**		5e.	Insurance	5e.	\$	126.39	\$		0.00	_
5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5d+5e+5h.  6. \$ 645.15 \$ 0.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,578.48 \$ 0.00  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8pecify: Food stamps  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Specify:  8h. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  11. On on include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certai		5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	-
6. Add the payroll deductions. Add lines \$a+5b+5c+5d+5e+5d+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,578.48 \$ 0.00  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. Unemployment compensation  8e. \$ 0.00 \$ 0.00  8e. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and		5g.	Union dues	5g.	\$	0.00	\$		0.00	_
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,578.48 \$ 0.00  8. List all other income regularly received:  8a. Net income rome mental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$ 0.00 \$ 0.00  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (shown) of any non-cash assistance that you receive, such as food stamps (shown) of any non-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive, such as one of the such assistance that you receive, such as food stamps (shown) of any one-cash assistance that you receive (shown) of		5h.	Other deductions. Specify:		\$	0.00	- \$		0.00	_
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Programy or housing subsidies.  Specify: Food stamps  8g. Pension or retirement income  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  2 2,629.48  Combined monthly income.  Write that amount on the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Bummary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	645.15	\$		0.00	_
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Social Security  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. S 51.00 \$ 0.00  8h. Other monthly income. Specify:  8d. S 0.000 \$ 0.00  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. S 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. S 51.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	7.	Calcı	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,578.48	\$		0.00	_
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00  8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. ** \$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  8b. ** 0.00**  11. ** \$ 0.00**  12. ** \$ 2,629.48**  Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.	8.		Net income from rental property and from operating a business profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	,	¢	0.00	\$		0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food stamps  8g. Pension or retirement income  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Specify:  8h. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8h	•		· —					_
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8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$51.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$51.00 \$0.00  9. Add all other income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. ** ** ** ** ** ** ** ** ** ** ** ** **		8d.	Unemployment compensation	8d.	\$		\$		0.00	_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8g. Pension or retirement income  8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 51.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income.  No.		8e.	Social Security	8e.	\$		\$			_
8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$51.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$		8f.	Include cash assistance and the value (if known) of any non-cash as that you receive, such as food stamps (benefits under the Suppleme Nutrition Assistance Program) or housing subsidies.	ental	\$	51.00	\$		0.00	-
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$51.00 \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8g.	Pension or retirement income	8g.	\$	0.00	\$		0.00	_
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.		8h.	Other monthly income. Specify:	8h.+	\$	0.00	- \$		0.00	_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	9.	Adda	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	51.00	\$		0.00	0
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	10	Calci	ulate monthly income. Add line 7 + line 9	10 \$		2 629 48 + \$		0.00	= \$	2 629 48
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.			•			2,020.40		0.00		2,020.40
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.   2,629.48  Combined monthly income  No.	11.	State Include other Do no	e all other regular contributions to the expenses that you list in So de contributions from an unmarried partner, members of your househor friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that	old, your depend				n <i>Schedul</i> e		0.00
13. Do you expect an increase or decrease within the year after you file this form?  ■ No	12.	Write	e that amount on the Summary of Schedules and Statistical Summary					t	\$	2,629.48
13. Do you expect an increase or decrease within the year after you file this form?  No.										
☐ Yes. Explain:	13.	Do yo		nis form?					monthl	y income
			Yes. Explain:							

Official Form 106I

Fill	in this informa	ition to identify yo	our case:							
Deb	tor 1	Jorge H Torr	es			Cł	neck	if this is:		
D-1-	40							n amended filing	da a a a a tra de Coma de la	
	otor 2 ouse, if filing)	Cynthia G To	orres						ving postpetition cha the following date:	apter
				D.   D.   D.   D.   D.   D.   D.   D.						
Unit	ed States Bankr	ruptcy Court for the:	: EASTE	RN DISTRICT OF WISCO	DNSIN		M	M / DD / YYYY		
	e number nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your I	Exper	ises						12/15
Be info nur	as complete or mation. If mater (if know	and accurate as	possible eded, atta	. If two married people and the control of the cont						
Par 1.	t 1: Descr Is this a joir	ribe Your House	hold							
١.	□ No. Go to									
		es Debtor 2 live i	in a senar	ate household?						
	= 103. <b>500</b>		iii a sepai	ate nousenoid.						
		-	st file Offici	al Form 106J-2, Expenses	s for Separate House	hold of D	ebtor	r 2.		
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	'
	dependents				Daughter			1	■ Yes	
									□ No	
					Daughter			3	■ Yes	
									□ No □ Yes	
							_		□ No	
									☐ Yes	
3.		oenses include	hon	No						
	•	f people other ti d your depende	- 11	Yes						
Den	<u> </u>			h. F						
Est exp	imate your ex		our bankr	uptcy filing date unless y y is filed. If this is a supp						
the		h assistance and		government assistance i cluded it on <i>Schedule I:</i> Y				Your expe	enses	
4.	The rental of	or home owners	hip expen	ses for your residence.	nclude first mortgage				0.00	
	payments ar	nd any rent for the	e ground o	or lot.		4.	\$		0.00	
	If not include	led in line 4:								
		estate taxes		da la armana		4a.			0.00	
	•	rty, homeowner's		's insurance upkeep expenses		4b. 4c.			0.00	
		owner's associat				4d.			0.00	
5.				our residence, such as ho	me equity loans		\$		0.00	

Official Form 106J Schedule J: Your Expenses

page 1

Jorge H Torres Debtor 1 Debtor 2 **Cynthia G Torres** Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a. \$ 250.00 6b. Water, sewer, garbage collection 6b. \$ 100.00 Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 6c. 0.00 64 Other. Specify: NetIfix/Internet/Cable 6d. \$ 220.00 Mobile phones \$ 300.00 Food and housekeeping supplies 7. \$ 625.00 Childcare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 125.00 Personal care products and services 10. \$ 150.00 11. Medical and dental expenses 11 \$ 125.00 12. Transportation. Include gas, maintenance, bus or train fare. 350.00 12. \$ Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 25.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. \$ 15c. Vehicle insurance 200.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 Your payments of alimony, maintenance, and support that you did not report as 0.00 18. \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. 0.00 Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 0.00 20a. Mortgages on other property 20a. \$ 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: Diapers/Wipes 21. +\$ 120.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 2,590.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 2,590.00 Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,629.48 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 2,590.00 23c. Subtract your monthly expenses from your monthly income. 39.48 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a

modification to the terms of your mortgage?

No.
-----

☐ Yes. Explain here:

Fill in this infor	mation to identify your	case:					
Debtor 1	Jorge H Torres						
	First Name	Middle Name	Last	Name			
Debtor 2	Cynthia G Torres						
(Spouse if, filing)	First Name	Middle Name	Last	Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F WISCONS	IN			
Case number							
(if known)						☐ Check if this is an	
						amended filing	
Official Fam	400D						
Official Form				_			
Declarat	tion About a	an Individual	Debto	r's	Schedules	12/1	5
ears, or both. 1	ľ8 U.S.C. §§ 152, 1341, 1 n Below				, , ,	000, or imprisonment for up to 20	
Did you pa	ay or agree to pay some	one who is NOT an attor	rney to help	you fill	I out bankruptcy forms?		
■ No							
☐ Yes.	Name of person					nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119	
•	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and sc	hedul	es filed with this declarat	ion and	
X /s/ Jor	ge H Torres		Х	/s/ Cv	nthia G Torres		
	H Torres				hia G Torres		
Signatu	re of Debtor 1			Signat	ture of Debtor 2		
Date _	April 11, 2019			Date	April 11, 2019		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill	in this information to identify you	r case:			
Deb	tor 1 Jorge H Torres				
<b>.</b>	First Name	Middle Name	Last Name		
	tor 2 Cynthia G Torre use if, filing) First Name	Middle Name	Last Name		
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN		
Cas (if kno	e number <sub></sub>				Check if this is an mended filing
Sta Be as	icial Form 107  atement of Financial s complete and accurate as poss mation. If more space is needed, ber (if known). Answer every que	ible. If two married people a , attach a separate sheet to	are filing together, both are	equally responsible for sup	
Part	11: Give Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is your current marital state	us?			
	■ Married □ Not married				
2.	During the last 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List all of the places you	lived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	Within the last 8 years, did you es and territories include Arizona, Ca				
	□ No				
	Yes. Make sure you fill out Sc.	hedule H: Your Codebtors (O	fficial Form 106H).		
		,	,		
Part	Explain the Sources of You	ır Income			
	Did you have any income from enerill in the total amount of income your fixed are filing a joint case and you	ou received from all jobs and a	all businesses, including part	-time activities.	ndar years?
	□ No				
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income	Sources of income	Gross income
		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	m January 1 of current year until date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$11,657.46	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1				Debtor 2		
				Sources of income Check all that apply.	(befo	ss income ore deductions and usions)		Sources of inc Check all that a		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)		■ Wages, commissions, bonuses, tips	, 001111110010110,			☐ Wages, componuses, tips	ges, commissions, es, tips			
				☐ Operating a business			[	☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$31,006.00		☐ Wages, componuses, tips	ımissions,	\$0.00
				☐ Operating a business			[	☐ Operating a	business	
	and other winnings.  List each s	public bene If you are fil	fit payments;   ing a joint cas the gross inco	er that income is taxable. Expensions; rental income; interest and you have income that you me from each source separa	rest; divi you rece	idends; money colle eived together, list it	ected it only	from lawsuits; once under De	royalties; and ebtor 1.	
				Debtor 1				Debtor 2		
				Sources of income Describe below.	each (befo	ss income from n source ore deductions and usions)	5	Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	rt 3: List	t Certain Pa	yments You	Made Before You Filed for	Bankru	ptcy				
6.	□ No.	During the No. Yes	90 days beform the paid that creating to adjustment or Debtor 2 or 90 days beform Go to line 7 List below e paid that creating to adjustment or Debtor 2 or 90 days beform Go to line 7 List below e include payor	ach creditor to whom you pai editor. Do not include paymer payments to an attorney for to on 4/01/22 and every 3 year r both have primarily consure you filed for bankruptcy, di	umer de old purpo id you pa id a tota nts for de his bank is after the umer de id you pa	ebts. Consumer delease."  ay any creditor a total of \$6,825* or more omestic support oblaruptcy case. hat for cases filed o ebts.  ay any creditor a total of \$600 or more ar	e in on one of the original of the original of and the	\$6,825* or mo ne or more pay ons, such as ch after the date of \$600 or more?	re?  /ments and the control of adjustments  you paid that	ne total amount you nd alimony. Also, do
	0 111		,			Total			<b>VA</b> / 1 .	
	Creditor	's Name an	a Address	Dates of payme	ent	Total amount paid	-	Amount you still owe	was this p	payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Page 39 of 58

	btor 1 Jorge H Torres btor 2 Cynthia G Torres			Case	e number (if known)		
	<u> </u>				,		
7.	Within 1 year before you fill Insiders include your relatives of which you are an officer, da business you operate as a alimony.	s; any general pa rector, person in	artners; relatives of any ger control, or owner of 20% of	neral partners; partne or more of their voting	rships of which you securities; and a	ou are a general pa ny managing ager	artner; corporation nt, including one fo
	■ No □ Yes. List all payments to	an insider.					
	Insider's Name and Addres	SS	Dates of payment	Total amount paid	Amount you still owe	Reason for this	s payment
3.	Within 1 year before you file insider? Include payments on debts g	-		ments or transfer a	ny property on a	ccount of a debt	that benefited an
	<ul><li>■ No</li><li>□ Yes. List all payments to</li></ul>	an incider					
	Insider's Name and Addres		Dates of payment	Total amount paid	Amount you still owe	Reason for this	
Par	rt 4: Identify Legal Actions	s Renossessio	ns, and Foreclosures	•			
		-					
<b>)</b> .	Within 1 year before you fill List all such matters, includin modifications, and contract di	g personal injury					
1	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>						
	Case title Case number		Nature of the case	Court or agency		Status of the c	ase
	Milwaukee County Case 2018SC016669 Alverno Cynthia Cervantes Case Number 2018SC0	College vs.	Money Judgement	Milwaukee Cou Courthouse 901 N. 9th Stree Milwaukee, WI	et	<ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul>	
10.	Within 1 year before you fill Check all that apply and fill in  No. Go to line 11.  Yes. Fill in the information	the details below		erty repossessed, fo	oreclosed, garnis	shed, attached, s	eized, or levied?
	Creditor Name and Address	ss	Describe the Property  Explain what happened	4	Date		Value of the property
11	Within 90 days before you f	iled for bankru			ancial institution	n set off any ame	ounts from your
	accounts or refuse to make			duning a bank or ini	anciai montanoi	i, set on any ame	runis nom your
	☐ Yes. Fill in the details.						
	Creditor Name and Address	ss	Describe the action the	e creditor took	Date taker	action was า	Amoun
12.	Within 1 year before you file court-appointed receiver, a			erty in the possessi	on of an assigne	e for the benefit	of creditors, a
	No						
	☐ Yes						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	btor 1 Jorge H Torres btor 2 Cynthia G Torres	Case number	(if known)					
Par	rt 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankruptc  ■ No  □ Yes. Fill in the details for each gift.	y, did you give any gifts with a total value of more t	han \$600 per person	?				
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No							
	☐ Yes. Fill in the details for each gift or contril	bution.						
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value				
Dar	rt 6: List Certain Losses							
15.	or gambling?  ■ No □ Yes. Fill in the details.	or since you filed for bankruptcy, did you lose any						
	how the loss occurred Incli	acribe any insurance coverage for the loss ude the amount that insurance has paid. List pending trance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Par	rt 7: List Certain Payments or Transfers							
16.	consulted about seeking bankruptcy or prepared	, did you or anyone else acting on your behalf pay aring a bankruptcy petition? rers, or credit counseling agencies for services require	, , ,	rty to anyone you				
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Gonzalez Fernandini Law Office 626 East Wisconsin Avenue Suite 1210 Milwaukee, WI 53202	400.00 1200.00	02.2019 04.2019	\$1,600.00				
	InCharge	25.00	03.2019	\$25.00				
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you  No Yes. Fill in the details.		or transfer any prope	rty to anyone who				
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.						
	Person Who Received Transfer Address Person's relationship to you	Description and property transfe		payme	be any property or ents received or debts n exchange	Date transfer v	was
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-production No  Yes. Fill in the details.		ny property to a s	self-settled	d trust or similar device	of which you are	e a
	Name of trust Description and value of the property transferred						was
	t 8: List of Certain Financial Accounts, Ins Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or	, were any financial a	ccounts or instru	iments hel	ld in your name, or for y	·	•
	houses, pension funds, cooperatives, assoc  No  Yes. Fill in the details.	iations, and other fina	ancial institutions	<b>5.</b>			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last bala before closir trar	
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ear before you filed fo	or bankruptcy, an	y safe dep	osit box or other depos	itory for securiti	es,
	Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number,		Describe t	the contents	Do you still have it?	
22.	Have you stored property in a storage unit o	State and ZIP Code) r place other than you	ur home within 1 y	year befor	e you filed for bankrupt	cy?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control f	for Someone Else					
23.	Do you hold or control any property that son for someone.  No Yes. Fill in the details.	neone else owns? Inc	lude any propert	y you borr	owed from, are storing	for, or hold in tru	ıst
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City,		Describe t	the property	V	'alue
	t 10: Give Details About Environmental Info						

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy
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Best Case Bankruptcy

page 5

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 Jorge H Torres
Debtor 2 Cynthia G Torres

Case number (if known)

	regu	liations controlling the cleanup of thes	se substances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort a	II notices, releases, and proceedings tl	hat you know about, regardless of when	they occurred.				
24.	Has	any governmental unit notified you that	at you may be liable or potentially liable (	under or in violation of an environm	ental law?			
	_	No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Hav	e you notified any governmental unit o	f any release of hazardous material?					
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or ad	Iministrative proceeding under any environ	onmental law? Include settlements	and orders.			
	_							
	_	No Yes. Fill in the details.						
	Cas	se Title	Court or agency	Nature of the case	Status of the			
	Cas	se Number	Name Address (Number, Street, City, State and ZIP Code)		case			
Pa	rt 11:	Give Details About Your Business or	r Connections to Any Business					
27.	With	nin 4 vears before vou filed for bankrup	otcv. did vou own a business or have any	of the following connections to an	v business?			
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
		_	pany (LLC) or limited liability partnership	•				
		☐ A partner in a partnership	, ,	,				
			vacutive of a corneration					
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	_	No. None of the above applies. Go to	Part 12.					
			II in the details below for each business.					
		siness Name dress	Describe the nature of the business	Employer Identification number Do not include Social Security				
	(Nur	nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed				
28.		Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
		No						
		Yes. Fill in the details below.						
		ne dress nber, Street, City, State and ZIP Code)	Date Issued					

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

	Jorge H Torres Cynthia G Torres		Case number (if known)
Part 12:	Sign Below		
are true and with a bank		tement, concealing property	and I declare under penalty of perjury that the answers , or obtaining money or property by fraud in connection 20 years, or both.
/s/ Jorge	H Torres	/s/ Cynthia G Torres	
Jorge H T	Torres	Cynthia G Torres	
Signature	of Debtor 1	Signature of Debtor 2	
Date Ap	ril 11, 2019	Date April 11, 2019	
Did you atta	ach additional pages to Your Statement of Find	ancial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
No			
□ Yes			
Did you pay	y or agree to pay someone who is not an attori	ney to help you fill out bank	ruptcy forms?
<b>-</b>			

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in	n this infor	mation to identify your case:				ne box only as d	irected in	this form and	in Form
Debt	tor 1	Jorge H Torres		12	2A-1S	upp:			
Debt (Spou	tor 2 use, if filing)	Cynthia G Torres		_	<b>■</b> 1. 1	here is no pres	umption o	f abuse	
		Bankruptcy Court for the: Eastern District of	of Wisconsin	_		The calculation t applies will be n Calculation (Offi	nade unde	er Chapter 7 N	
(if kno	e number own)					The Means Test qualified military			
					□ Cr	eck if this is a	n amend	led filing	
Off	icial F	orm 122A - 1							
Ch	apter	7 Statement of Your Cu	rrent Mor	nthly Inc	om	е			12/15
attach case i	h a separate number (if iying milita	and accurate as possible. If two married people e sheet to this form. Include the line number to known). If you believe that you are exempted fr ry service, complete and file Statement of Exen Ilculate Your Current Monthly Income	which the addition om a presumption	nal information of abuse becau	applies	. On the top of an	ny addition	nal pages, write sumer debts or	your name and because of
1.	What is v	your marital and filing status? Check one of	only.						
	-	arried. Fill out Column A, lines 2-11.	,						
	_	ed and your spouse is filing with you. Fill o	out both Columns	A and B lines	2-11				
	_	ed and your spouse is NOT filing with you							
		ng in the same household and are not led	_	-	dumns	A and B lines 2	P-11		
		ng separately or are legally separated. Fil				,		this hox you	declare under
	per	nalty of perjury that you and your spouse are ng apart for reasons that do not include evad	legally separated	l under nonbar	nkrupto	y law that applie	es or that		
10 the	01(10A). For e 6 months,	erage monthly income that you received from all example, if you are filing on September 15, the 6- add the income for all 6 months and divide the tot the same rental property, put the income from that	month period would al by 6. Fill in the res	be March 1 thro sult. Do not inclu	ugh Au de any	gust 31. If the amoint m	ount of your ore than or	monthly income	e varied during e, if both
					Colui Debt		Column Debtor non-fili		
2.		ss wages, salary, tips, bonuses, overtime ductions).	, and commissio	ons (before all	\$	3,223.63	\$	0.00	
3.		and maintenance payments. Do not includ is filled in.	e payments from	a spouse if	\$	0.00	\$	0.00	
	of you or from an u and room	nts from any source which are regularly p your dependents, including child support nmarried partner, members of your househot mates. Include regular contributions from a solot not include payments you listed on line 3.	t. Include regular ld, your depender	contributions nts, parents,	\$	0.00	\$	0.00	
1		me from operating a business, profession	, or farm						
				tor 1					
	Gross red	eipts (before all deductions)	\$ 0.00						
	•	and necessary operating expenses	-\$ 0.00	O !	•	0.00	Φ.	0.00	
		hly income from a business, profession, or fa	rm \$ <b>0.00</b>	Copy here ->	• \$	0.00	\$	0.00	
6.	Net incor	me from rental and other real property	Deb	tor 1					

0.00

0.00

0.00 Copy here -> \$

0.00

0.00

\$

\$

-\$

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

					Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unem	ployment compensation			\$	0.00	\$	0.00	
		enter the amount if you contend that the amount cial Security Act. Instead, list it here:	received was a ben	efit under					
	For	you\$	(	0.00					
		your spouse \$		0.00					
9.	Pensio	on or retirement income. Do not include any am	ount received that v	vas a	•	0.00	•	0.00	
40		under the Social Security Act.	-9-0		\$	0.00	\$	0.00	
10.	Do not receive	e from all other sources not listed above. Spe include any benefits received under the Social S ed as a victim of a war crime, a crime against hur tic terrorism. If necessary, list other sources on a elow.	Security Act or paymenanity, or internation	ents al or					
		•			\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
		Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.		ate your total current monthly income. Add lin olumn. Then add the total for Column A to the to		\$	3,223.63	<b>+</b> \$_	0.00	\$3	,223.63
						] [		Total cur	rent monthly
D	_	Determine Milesther the March Tool Aprilled	- V					income	
Part	2:	Determine Whether the Means Test Applies to	o You						
12	Calcul	ate your current monthly income for the year.	Follow these steps:						
	12a. C	opy your total current monthly income from line 1	1		Сору	/ line 11	nere=>	\$3	,223.63
	M	lultiply by 12 (the number of months in a year)						x 12	
	12b. T	he result is your annual income for this part of the	e form				12b.	\$ 38	,683.56
		, , , , , , , , , , , , , , , , , , , ,							
13.	Calcul	ate the median family income that applies to	<b>you.</b> Follow these st	eps:					
	Fill in t	he state in which you live.	WI	]					
		·		ן ו					
	Fill in t	he number of people in your household.	4	]					
	Fill in t	he median family income for your state and size	of household.				13.	\$99	,341.00
		a list of applicable median income amounts, go form. This list may also be available at the bank		specified	in the separa	ate instruc	tions		
14	How d	o the lines compare?							
	14a.	■ Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1,	check box	1, There is r	no presun	nption of abuse	э.	
	14b.	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box	2, The pre	esumption of	abuse is	determined by	Form 122.	A-2.
Part	3:	Sign Below							
	В	y signing here, I declare under penalty of perjury	that the information	on this sta	atement and	in any att	achments is tru	ue and cor	ect.
	X	/s/ Jorge H Torres	x	/s/ Cynt	hia G Torr	es			
	^	Jorge H Torres			G Torres	- <del>-</del>			
		Signature of Debtor 1			e of Debtor 2				
	Date	April 11, 2019 MM / DD / YYYY	Date	April 11					
	lf	you checked line 14a, do NOT fill out or file Forn	n 122A-2.						
	If	you checked line 14b, fill out Form 122A-2 and fi	le it with this form.						
		•							

Official Form 122A-1

Debtor 1 Jorge H Torres
Cynthia G Torres

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ampco Pumps Company Inc

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$28,080.28 from check dated 9/30/2018. Ending Year-to-Date Income: \$35,764.59 from check dated 12/31/2018.

This Year:

Current Year-to-Date Income: \$11,657.46 from check dated 3/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$19,341.77.

Average Monthly Income: **\$3,223.63**.

Debtor 1 Jorge H Torres				
Debtor 2 Cynthia G Torres   Stours it, filegy   Cynthia G Torres   Statement of Intention for Individuals Filing Under Chapter 7   12/15   Official Form 108   Statement of Intention for Individuals Filing Under Chapter 7   12/15   You are an individual filing under chapter 7, you must fill out this form if:   creditors have claims secured by your property, or   you have leased personal property and the lease has not expired.   You make the form with the court within 30 days after you file your bankruptsy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.   You married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date th	Fill in this infor	mation to identify your case:		
Debtor 2 Cycrest Ring)    Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycrest Ring)   Cycr	Debtor 1	Jorge H Torres		
United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN    Case number   Check if this is an armended filing			e Last Name	
United States Bankruptcy Court for the:EASTERN DISTRICT OF WISCONSIN			e Last Name	
Case number   Check if this is an amended filling				
Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if: If creditors have claims secured by your property, or If you have leased personal property and the lease has not expired. If you must fill this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part IF List Your Creditors Who Have Secured Claims  For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the Information below.  Identify the creditor and the property that is collateral who you intend to do with the property that secures a debt?  What do you intend to do with the property that secures a debt?  What do you intend to do with the property that secures a debt?  Surrender the property and redeem it. Retain the property and feedem it. Retain the property and redeem it. Retain the property and feedem it. Retain the property	United States Ba	ankruptcy Court for the: EASTERN DIS	STRICT OF WISCONSIN	
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Statement of Intention for Individuals Filing Under Chapter 7

page 1

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(3,000)

Best Case Bankruptcy

Debtor 1 Jorge H Torres Debtor 2 Cynthia G Torres	Case number (if known)
in the information below. Do not list real estate leases	ases isted in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill s. Unexpired leases are leases that are still in effect; the lease period has not yet ended. se if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicate property that is subject to an unexpired lease.	ed my intention about any property of my estate that secures a debt and any personal
X /s/ Jorge H Torres	X /s/ Cynthia G Torres
Jorge H Torres Signature of Debtor 1	Cynthia G Torres Signature of Debtor 2
-	•
Date April 11, 2019	Date April 11, 2019

Statement of Intention for Individuals Filing Under Chapter 7

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### **United States Bankruptcy Court** Eastern District of Wisconsin

In re	Jorge H Torres Cynthia G Torres		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	ISATION OF ATTO	DNEV EOD DI	PTOD(S)	
	DISCLOSURE OF COMPEN	SATION OF ATTO	KNEI FOR DI	DIOK(S)	
co	rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) impensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered	or to
	For legal services, I have agreed to accept		\$	1,600.00	
	Prior to the filing of this statement I have received		\$	1,600.00	
	Balance Due		\$	0.00	
2. Tł	e source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. Tł	e source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
<b>4</b> . ■	I have not agreed to share the above-disclosed compe	nsation with any other persor	n unless they are mem	pers and associates of my lav	w firm.
	I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name				n. A
5. In	return for the above-disclosed fee, I have agreed to ren	der legal service for all aspec	ets of the bankruptcy of	ase, including:	
b. c.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of creditor [Other provisions as needed]	ment of affairs and plan whic	h may be required;		
6. By	agreement with the debtor(s), the above-disclosed fee	does not include the followin	g service:		
		CERTIFICATION			
	ertify that the foregoing is a complete statement of any akruptcy proceeding.	agreement or arrangement fo	or payment to me for r	epresentation of the debtor(s	) in
Ар	ril 11, 2019		nzález Fernandini		
Dat	e	<b>M. Yanira Gonzá</b> Signature of Attorn	lez Fernandini 103	7933	
		Gonzalez Fernar	ndini Law Office, L	LC	
		229 East Wiscon Suite 1100	sin Avenue		
		Milwaukee, WI 5	3202		
		414-277-5050			
		yg@gonzalezfer	nandinilaw.com		
		Name of law firm			

## **United States Bankruptcy Court** Eastern District of Wisconsin

in re	Cynthia G Torres		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR	R MATRIX	
The ab	ove-named Debtors hereby verify	that the attached list of creditors is true and	correct to the best	of their knowledge.
Date:	April 11, 2019	/s/ Jorge H Torres		
		Jorge H Torres		
		Signature of Debtor		
Date:	April 11, 2019	/s/ Cynthia G Torres		
		Cynthia G Torres		
		Signature of Debtor		

Jorge H Torres

Alliance Collection Agencies Po Box 1267 Marshfield, WI 54449

Alliance Collection Agencies Po Box 1267 Marshfield, WI 54449

Alverno College 3400 S. 43rd St Milwaukee, WI 53234

Americollect Po Box 1566 1851 South Alverno Road Manitowoc, WI 54221

Amex/Bankruptcy Correspondence Po Box 981540 El Paso, TX 79998

AmSher Collection Srv 4524 Southlake Parkway Ste 15 Hoover, AL 35244

Citibank North America Citibank Corp/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Convergent Outsourcing, Inc. Attn: Bankruptcy Po Box 9004 Renton, WA 98057

Credence 17000 Dallas Parkway Suite 204 Dallas, TX 75248

Dish Network
Dept 0063
Palatine, IL 60055

Dish Network 525 Dunnet Ct. Spartanburg, SC 29303

Great American Finance Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606 Heritage C U 1212 Huxley Street Madison, WI 53704

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

OneMain Financial Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708

OneMain Financial Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708

PLS Financial Solutions of WI 3904 S. 27th St Milwaukee, WI 53221

Sixteenth Street Community Health Center 1032 S. Cesar Chavez Drive Milwaukee, WI 53204

State Collection Service Attn: Bankruptcy Po Box 6250 Madison, WI 53716

State Collection Service Attn: Bankruptcy Po Box 6250 Madison, WI 53716

State Collection Service Attn: Bankruptcy Po Box 6250 Madison, WI 53716

Sunrise Credit Services, Inc. Attn: Bankruptcy 260 Airport Plaza Farmingdale, NY 11735

U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116

U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116

U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116

US Bank/RMS CC Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

Xperience Fitness PO Box 6800 Sherwood, AR 72124